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CONFIRMATION NO. 2722

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|--|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 10/708,723 | FILING OR 371(c) DATE 03/19/2004 RULE | CLASS 600 | GROUP ART UNIT 3768 | ATTORNEY DOCKET NO. GEMS8081.204 | |
| APPLICANTS Ehud J. Schmidt, Newton, MA; | | | | | |
| ** CONTINUING DATA ***** | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/20/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Allowance Examiner's Signature Initials | | STATE OR COUNTRY MA | SHEETS DRAWING 3 | TOTAL CLAIMS 30 | INDEPENDENT CLAIMS 3 |
| ADDRESS 27061 | | | | | |
| TITLE SELF-EXPANDING MULTI-CHANNEL RF RECEIVER COIL FOR HIGH RESOLUTION INTRA-CARDIAC MRI AND METHOD OF USE | | | | | |
| FILING FEE RECEIVED 950 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |